

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561,075

FILING DATE

12-19-05

APPLICANT(S)

2/13/06

**CLAIMS**

	<i>after article 19</i>		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11	e					
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16	1		1			
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21	1		1			
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26	e		e			
27						
28	e		e			
29		1		1		
30		1		1		
31	1		1			
32		1		1		
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34	1		1			
35		1		1		
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37		1		1		
38		1		1		
39	e		e			
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42						
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46	e		e			
47						
48						
49						
50						
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	29	←	29	←		←
TOTAL CLAIMS	34		34			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						